

# CLAIMS ONLY

Application Number

10990660

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
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37		1					87							
38	1						88							
39		1					89							
40		1					90							
41	1						91							
42	1						92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	6						Total Indep							
Total Depend	36						Total Depend							
Total Claims	42						Total Claims							